



SUNDERLAND
BOROUGH ASYLUM.

FIRST
Annual Report.


FOR THE YEAR 1895.

Sunderland:

HERALD AND DAILY POST PRINTING WORKS, WEST WEAR STREET.

1896.





Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30304076>

CONTENTS

I.—LIST OF COMMITTEE OF VISITORS AND OFFICERS OF
THE ASYLUM.

II.—REPORT OF VISITING COMMITTEE.

III.—REPORT OF THE MEDICAL SUPERINTENDENT.

IV.—STATISTICAL TABLES.

V.—REPORT OF COMMISSIONERS IN LUNACY.

VI.—REPORT OF A COMMITTEE OF THE GUARDIANS.

VII.—PATIENTS' AND OFFICIALS' ORDINARY DIETARY.

VIII.—SALARIES AND WAGES SHEET.

IX.—FINANCIAL STATEMENTS.

X.—GROUND PLAN OF ASYLUM.

COMMITTEE OF VISITORS

OF THE

SUNDERLAND BOROUGH ASYLUM.

Alderman SHADFORTH, J.P., Chairman.

Councillor ANNISON, Vice-Chairman.

Alderman Bell, J.P.	Councillor Harrison, J.P.
„ Bruce.	„ Johnston.
„ Cameron, M.P.	„ Kirtley.
„ Coates.	„ M. Moore.
„ Richardson, J.P.	„ T. Moore.
„ Walker.	„ Punshon.
Councillor Ball.	„ Ranken.
„ Calvert.	„ J. Sanderson, J.P.
„ Crown.	„ W. Sanderson, J.P.
„ Dixon.	„ J. Turnbull.
„ Fowler.	„ H. J. Turnbull, J.P.

Clerk to the Committee, FRAS. M. BOWEY, Esq., Town Clerk.

Treasurer, E. W. WILSON, Esq.

OFFICERS OF THE ASYLUM.

Medical Superintendent.....Frank Ashby Elkins, M.D.

Assistant Medical Officer.....Thomas Yeates, M.B., C.M.

Chaplain

Clerk and Storekeeper.....Mr. Anthony J. Hall.

MatronMiss Margaret Harper.

Head AttendantMr. Lewis Calder.

BOROUGH OF SUNDERLAND.

COUNCIL MEETING, 10th JUNE, 1896.

Report of the Visiting Committee
OF THE
SUNDERLAND BOROUGH ASYLUM,
1895.

➤•◀

THE Visiting Committee, in pursuance of the provisions of the Lunacy Act, 1890, and of the resolution of the Council, present their First Annual Report to the Council of the state and condition of the Asylum, and as to its sufficiency to provide the necessary accommodation, and as to its management, and the conduct of the officers and servants and the care of the patients therein; and for such purpose they append hereto the Report of the Medical Superintendent, with Statistical Tables attached; also Reports from the Commissioners in Lunacy and a Committee of the Guardians of the Sunderland Union.

The Patients' and Officials' Ordinary Dietary, the Salaries and Wages Sheet, the Land, Building, and Furnishing Capital Account, and a Statement of Income and Expenditure to the 31st March, 1896, are also submitted.

A Ground Plan of the Asylum, presented by the Architect, is sent herewith.

The Committee have to record their high appreciation of the conduct of the Medical Superintendent, and specially commend him for his arduous exertions in the discharge of the duties of his office in the opening year of the Institution.

(Signed)

R. SHADFORTH,

CHAIRMAN.

27TH MAY, 1896.

SUNDERLAND BOROUGH ASYLUM.

Medical Superintendent's Report

FOR THE YEAR 1895.

MR. CHAIRMAN AND GENTLEMEN,

I beg to submit to you the First Annual Report of the Sunderland Borough Asylum for the year ending December 31st, 1895, together with the usual Statistical Tables and other Documents.

The Asylum was opened for the reception of Patients on May 21st, 1895, and an *Interim Report*, dated November, 1895, roughly sketched the history of the Institution up to that date.

The Admissions were 321, of whom 169 were men and 152 women.

The Discharges were 20, of whom 10 were men and 10 women.

The number of patients who died was 13, of whom 4 were men and 9 women.

The Admissions.

Excluding patients transferred from other Asylums, 58 new cases were admitted between May 29th and December 31st, 1895. This large admission rate is a serious matter, and the inevitable "silting up," which occurs in all Asylums, is taking place in this Asylum.

Admission
Rate high.

The largest number of new cases came to us during the month of August (14), but June, July, and December brought with them heavy admission rates. During November there were only three admissions, so that the common opinion that November's weather "breeds madness" is not supported by our statistics; and, indeed, a spell of hot weather is more likely, in my opinion, to act as one of the causes in the production of insanity.

The Asylum
truly a Hos-
pital for the
sick.

A reference to Table VI. brings out the striking fact that, of the 58 admissions, 53 were discovered to have physical disease, only 5 being in good or average bodily health and condition. Seventeen were admitted in indifferent health and reduced condition, 29 in weak bodily health, and 7 in very weak bodily health and exhausted condition. This frail health of so many of the new-comers, to say nothing of the large amount of disease among the permanent residents, emphasizes the importance of considering the Asylum as a Hospital for the care and treatment of sick folk. The number of incurable patients admitted was large, and included some weak-minded from birth ; those affected with General Paralysis of the Insane, Epileptic Insanity, and the Insanity associated with Old Age ; and, lastly, those who, on account of the length of their mental illness, are unlikely to benefit by treatment. Of the 58, 25 were incurable, and came only to be nursed and cared for, and the remaining 33 will certainly not all recover.

Many in-
curable.

Importance of
early treat-
ment.

What can be done by early treatment is shown in Table VII., where, of 22 cases who had been ill less than three months, 8 were discharged recovered before the end of the year. The importance of early treatment in the case of insanity cannot be over-estimated.

The Causes of
Insanity.

It is difficult to imagine a more difficult task than trying to discover in any particular case the exact causes which have produced an attack of insanity, and Table X. is necessarily imperfect. Among the moral causes, domestic trouble, the loss of relatives and friends, business and pecuniary difficulties, mental anxiety, worry and overwork, have all had their share in producing the sad result—insanity. One person became mentally upset on account of religious excitement, and it is surprising to me that, after Sunderland had passed through a political tornado, no person needed to be sent to my care on account of political excitement. The average healthy person soon gets over the effects of a love disappointment ; but in the case of naturally weak-brained people, a love affair may act as a cause of insanity, as it has done in one of the cases sent to the Asylum. All these moral causes, however, are not of themselves sufficient to produce insanity without an inherent brain instability. Job did not become insane.

As to the physical causes, hereditary predisposition, as one would expect, tops the list, and it is closely followed by intemperance in drink. These two great causes of insanity are often combined. A weak-brained man cannot resist the temptation of the public-house, and soon finds himself developing a craving for drink, which ultimately lands him in the Police Court or the Asylum. Whilst, however, it is important to bring out all the facts about drink in relation to insanity, yet much harm is done to the temperance cause by the exaggerated and untruthful statements made by teetotal lecturers, who assure us that all, or nearly all, the insanity in the country is produced by drink. A reference to Table X. should soon dissipate these erroneous views. That scourge, Influenza, has not yet finished its ravages. Two of the patients were admitted with insanity following an attack of Influenza. Privation and starvation had to do with 6 of the cases. Three women were admitted suffering from the insanity following child-birth and the critical stages of life—adolescence, change of life, and old age—periods when the mind is specially liable to be upset, brought several to the Asylum.

Hereditary Predisposition the greatest cause.

Drink and Insanity.

No less than 12 of the 58 cases suffered from General Paralysis of the Insane, so that roughly, every fifth admission laboured under this fatal illness. The same number (12) were affected with Alcoholic Insanity, and 3 suffered from Epileptic Insanity.

General Paralysis and Alcoholic Insanity common.

As many as 14 of the 58 admitted had had previous attacks of insanity treated in other Asylums or elsewhere, one woman having had no less than six attacks, and she is on the high road to recovery once more. Every attack, however, makes her more liable to relapse.

The number of patients having a suicidal propensity was very large (32 out of the 58), and these figures will give some idea of the anxiety which the care of these persons involves. (See Table XIX.)

Suicidal Patients numerous.

Before I came to Sunderland I was frequently told that insane patients from the County of Durham, and especially the Sunderland ones, were the worst class of patients to manage in England. I have found them a remarkably quiet lot, and I think they have been much maligned. There are, certainly, a

The Sunderland Insane not so bad as they were painted.

Picturesque
Scotland.

large number of General Paralytics and Epileptics among the Sunderland patients, and there is a remarkable lack of odd, picturesque cases of insanity in the Asylum, such as I have been accustomed to in Scotland. I suppose Sunderland people are busy, practical, and work-a-day, and no one has time for poetry, or for the exercise and training of the imagination, which, no doubt, tends towards the production of gorgeous or grotesque delusions among the insane of Celtic races.

The Discharges.

Discharges.

One person was discharged not improved mentally, and sent to another Asylum ; four were discharged relieved to the care of friends ; and 15 were discharged recovered. The recovery-rate is 25·8 per cent. on the admissions, and no patient up to the end of the year was sent back relapsed.

The Deaths.

Deaths.

There were 13 deaths, 4 being men and 9 women. Table IV. gives information as to the causes of death, and it will be seen that in all but one case there was a *post mortem* examination. The outstanding facts as to the deaths are that in 8 cases Pneumonia was present, in 4 cases this Pneumonia being of a septic character ; and in all but two of the cases actual brain disease had helped to cause the death. We lost by death our biggest patient, a woman who weighed between 17 and 18 stones, and about whose burial there was some difficulty. We also lost one of our oldest patients, a woman of over 80, who first became insane and was sent to an Asylum in 1856. She was one of the original patients taken from the old Asylum in Bath Lane, Newcastle, to Sedgefield Asylum, when it was opened in 1858. It would be an interesting calculation to show how much this poor woman's long illness had cost the ratepayers.

An interesting
calculation.

General History of the Institution.

Two of the Commissioners in Lunacy visited the Asylum on November 22nd, and their Report is appended. Most of their suggestions have either been attended to or are under the Committee's consideration.

Coal sheds have been built in the two laundry yards and in the stores yard, in which a stock of coals can be kept. A greenhouse, potting shed, and tool house are about to be erected near the gardener's house, and the plans for the farm buildings and for eight cottages for married officials are at present under consideration.

Erections and
projected
Erections.

The maintenance rate for pauper patients is at present 12s. per head per week. Derby and Plymouth Asylums, which in point of size, are much the same as this Asylum, and which have been opened in recent years, both began with a maintenance rate of 13s. When it is considered that this is a small Asylum, fitted up in a modern way, and that the first few years' expenses of a new Institution are always heavy, I think it will be conceded that our maintenance rate is a low one under the circumstances.

Maintenance
Rate low
under the cir-
cumstances.

Rates, clothing, coal, and water have been our heavy items. We had to pay rates and taxes at the rate of £518 12s. 8d. per annum, which was a large sum compared with other Asylums, and pressed heavily upon our maintenance account.

Heavy items
were Rates,
Clothing,
Coal, and
Water.

Coal has been used in much larger quantity than it is ever likely to be needed again to get rid of the damp in the building; and the water consumption has been high. Clothing has been a very heavy item for the following reason:—When the original stock of clothing was procured the Committee determined not to charge it to the Capital Account, but to spread the cost for three years over the Maintenance Account. If it had not been for these four items, our Maintenance Account would have been a phenomenally low one for a new and small Asylum.

There have unfortunately been cases of Erysipelas, Septic Pneumonia, and Sore Throat among the patients and officials. Some of the Asylum drains were found to be faulty, and these defects caused the Committee and the Asylum Officials considerable anxiety. The Architect and Contractor are at present remedying the defects.

Defective
Drainage.

It was a source of great thankfulness to me that the year 1895 closed without a suicide, without a serious accident of any kind, and without an inquest. When it is remembered that there are congregated under one roof 300 insane persons, that some of them are constantly wishful to destroy

No Suicide,
Accident, or
Inquest.

themselves, that others are of an explosive condition of mind, and that many of the new-comers, before they can be brought under proper treatment, are violent and difficult to control, the watchfulness and care which have been observed by your officials will easily be seen. I think the staff deserves great praise. A nurse upon the insane has many trying duties to perform. Over and above ordinary nursing duties, she has to meet emergencies requiring great tact and common sense ; she has to attend to patients who are often of disagreeable habits, who are irritable and irritating, abusive and unthankful, owing to the nature of their illness. It is a pity that angels are not available for Asylum service !

Praise for the Staff.

“Trained” Nurses and Asylums.

There are, of course, grand exceptions, but the average “trained” nurse is a useless person in an Asylum, and she is in the “Mother Gamp” stage of ignorance as to the treatment of mental cases. When it is remembered that one in every 300 of the population is in an Asylum, and for every one in an Asylum there is certainly another insane person outside, it is surprising that “trained” nurses are satisfied to remain in a state of African darkness and ignorance regarding such a common disease. I look forward to the time when no nurse will dare to call herself “trained” unless she has had the valuable experience of service in an Asylum.

No restraint or seclusion.

There has been no necessity to restrain any patient with the strait jacket, or by any other mechanical means, and no patient has been secluded in a room by himself on account of his mental condition, except for sleeping purposes at night. Whilst I look upon restraint and seclusion on the whole as essentially bad treatment for the insane, yet in an extreme case, if I thought it for the good of the patient, I should not hesitate to use either of these means of treatment.

For the information of the curious, I may say that the Asylum does not possess a strait jacket.

Changes in the Medical Staff.

For the first three months after the Asylum opened I had the valuable assistance of Mr. J. C. Poole as temporary Assistant Medical Officer. He was succeeded by Dr. Alexander R. Moon, who, unfortunately, did not enjoy good health, had to resign in consequence in December, and has since died. Dr. Moon was succeeded by Dr. Thomas Yeates, who had a training

at Morningside Asylum, and who came with a high recommendation from Dr. Clouston.

I have to express my thanks for willing co-operation and help from Mr. Hall, the Clerk and Storekeeper, Miss Harper, the Matron, and Mr. Calder, the Head Attendant; and I am glad to report that the staff is efficient.

I must again express my indebtedness and thanks to the **Thanks.** Chairman, the Vice-Chairman, and the other members of the Visiting Committee for the support they have given me in the many difficulties which the Medical Superintendent of such an Institution as an Asylum must always expect to meet with.

FRANK ASHBY ELKINS, M.D.,

MEDICAL SUPERINTENDENT.



TABLE I.

Showing the Admissions, Re-admissions, Discharges, and Deaths
during the year ending 31st December, 1895.

	M.	F.	Total.	M.	F.	Total.
Asylum Opened 25th May, 1895.						
Cases Admitted :—						
First Admissions	169	152	321	...	...	...
Not First Admissions ...	...	...	...	...	...	...
Total Cases admitted during the year .....	...	...	...	169	152	321
Total Cases under care during the year .....	...	...	...	169	152	321
Cases Discharged :—				...	...	...
Recovered	9	6	15	...	...	...
Relieved	1	3	4	...	...	...
Not Improved .....	...	1	1	...	...	...
Died	4	9	13	...	...	...
Total Cases Discharged and Died during the year...	...	...	...	14	19	33
Remaining in the Asylum 31st December, 1895 ...	...	...	...	155	133	288
Average Number Resident during the year 1895...	...	...	...	133	128	261
Persons under care during the year.....	...	...	...	169	152	321
Persons Admitted .....	...	...	...	169	152	321
Persons Recovered .....	...	..	...	9	6	15
Transferred to this Asylum ...	...	...	...	135	128	263
Transferred from this Asylum.	...	...	...	...	1	1

TABLE II.

Showing the Admissions and Recoveries of Persons from May,
1895, to the present date, 31st December, 1895.

HISTORY OF RECOVERIES OF PERSONS.				The same, only omitting all persons transferred from other Asylums, &c.		
	M.	F.	Total.	M.	F.	Total
Persons admitted during the 7 months.....	169	152	321	34	24	58
Of whom were discharged re- covered during the same period, being 25·8 per cent. of persons admitted	9	6	15	6	2	8
Of whom were re-admitted relapsed .....	...	..	...	...	...	...
Leaving recovered persons who have not relapsed...	9	6	15	6	2	8
Relapsed persons discharged recovered.....	...	...	...	..	...	...
Net recovered persons, being 25·8 per cent. of persons admitted	9	6	15	6	2	8

TABLE III.

Showing the Admissions, Discharges, and Deaths, with the Mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions since the opening of the Asylum.

YEAR.	Admitted.			DISCHARGED.												Died.			Remaining 31st December.			Average Number Resident.			Percentage of Recoveries on Admissions Excluding Transfers.			Percentage of Deaths on Average Number Resident.		
				Recovered.			Relieved.			Not Improved and not Insane.																				
M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T							
1895	169	152	321	9	6	15	1	3	4	...	1	1	1	4	9	13	155	133	288	133	128	261	26·4	25·0	25·8	3·0	7·1	4·9		

TABLE V.

Showing the length of residence in those Discharged Recovered, and in those who have died during the year 1895.

Length of Residence.	Recovered.			Died.		
	M	F	T	M	F	T
Under 1 Month	2	...	2	2	...	2
„ 2 Months	3	...	3	...	1	1
„ 3 „	...	...	...	1	1	2
„ 4 „	...	2	2	1	1	2
„ 5 „	3	3	6	...	3	3
„ 6 „	1	1	2	...	1	1
„ 7 „	...	...	...	...	2	2
	9	6	15	4	9	13

TABLE VI.

State of bodily health and condition of those admitted during the year 1895.

	Males.	Females.	Total.
In good bodily health and condition	1	1	2
In average bodily health and condition	3	...	3
In indifferent bodily health and reduced condition	8	9	17
In weak bodily health	18	11	29
In very weak bodily health and exhausted condition	4	3	7
Total	34	24	58
Suffering from physical disease..	30	23	53

TABLE VII.

Showing the Duration of the Disorder on Admission, in the Admissions, Discharges, and Deaths, during the year 1895.

CLASS.	DURATION OF DISEASE ON ADMISSION, IN FIVE CLASSES.											
	THE ADMISSIONS.			THE DISCHARGES.				THE DEATHS.				
	M.	F.	Total.	Recovered.			Removed, Relieved, or otherwise.		M.	F.	Total.	
				M.	F.	Total.	M.	F.				
FIRST CLASS— First attack, and within three months on admission..	15	7	22	6	2	8	1	1	2	1	1	2
SECOND CLASS— First attack, above three and within twelve months on admission	6	5	11	2	3	5	...	...	...	...	...	...
THIRD CLASS— Not first attack, and within twelve months on ad- mission	4	5	9	1	1	2	..	...	...	...	1	1
FOURTH CLASS— First attack or not, but of more than twelve months on admission	8	5	13	...	...	...	...	3	3	3	6	9
FIFTH CLASS— Congenital	1	2	3	...	...	...	...	...	...	...	1	1
TOTAL	34	24	58	9	6	15	1	4	5	4	9	13

TABLE VIII.

Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died, during the Year 1895,
and of those remaining on 31st December, 1895.

Ages.	The Admissions.			Recovered.			The Deaths.			Patients Resident 31st December, 1895.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
5 years and under 10 years
10 " " 15 " "
15 " " 20 " "
20 " " 25 " "
25 " " 30 " "
30 " " 35 " "
35 " " 40 " "
40 " " 45 " "
45 " " 50 " "
50 " " 55 " "
55 " " 60 " "
60 " " 65 " "
65 " " 70 " "
70 " " 75 " "
75 " " 80 " "
80 " " 85 " "
85 " " 90 " "
Unknown
TOTAL	34	24	58	8	6	14	4	9	13	155	133	288
MEAN AGE.....	38	41	40	37	40	38	31	41	40	42	47	45

TABLE IX.

Showing the Condition as to Marriage in the Admissions, Recoveries, and Deaths during the Year 1895,
and of those remaining 31st December, 1895.

CONDITION IN REFERENCE TO MARRIAGE.	The Admissions.			The Recoveries.			The Deaths.			Patients Resident December 31st, 1895.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	16	9	25	6	...	6	3	6	9	85	57	142
Married	16	11	27	3	4	7	1	3	4	63	58	121
Widowed	2	4	6	...	2	2	...	...	...	7	18	25
TOTAL	34	24	58	9	6	15	4	9	13	155	133	288

TABLE X.

Showing the probable causes of Insanity in the Patients admitted during the year 1895. (Patients transferred from other Asylums not included.)

CAUSE OF INSANITY.	Number of instances in which each cause was assigned.								
	Admissions			No. of cases					
				M 34.	F 24.	T 58			
	As predisposing cause.*			As exciting cause.			Total.†		
	M	F	T	M	F	T	M	F	T
MORAL.									
Domestic trouble (including the loss of relatives and friends) ...	...	1	1	...	1	1	...	2	2
Adverse circumstances (including business anxieties and pecuniary difficulties)	1	...	1	...	...	...	1	...	1
Mental anxiety and worry (not included under the above two heads), and overwork	2	3	5	1	...	1	3	3	6
Religious excitement .....	...	1	1	...	...	...	...	1	1
Love affairs (including seduction) ...	...	...	...	...	1	1	...	1	1
Fright and nervous shock	1	...	1	...	1	1	1	1	2
PHYSICAL.									
Intemperance in drink	3	2	5	14	4	18	17	6	23
" sexual	3	2	5	...	..	...	3	2	5
Venereal disease	3	1	4	...	...	...	3	1	4
Self abuse (sexual) .....	...	...	...	1	...	1	1	...	1
Over exertion .....	...	...	...	...	...	...	...	...	...
Sunstroke.....	...	...	...	1	...	1	1	..	1
Accident or injury	3	...	3	3	...	3	6	...	6
Pregnancy .....	...	...	...	...	...	...	...	...	...
Parturition and the puerperal state .....	...	1	1	...	2	2	...	3	3
Lactation .....	...	...	...	...	...	...	...	..	...
Uterine and ovarian disorders ...	...	...	...	...	...	...	...	...	...
Puberty and adolescence.....	2	...	2	...	...	...	2	...	2
Change of life ..	1	1	2	...	...	...	1	1	2
Fevers .....	...	1	1	2	...	2	2	1	3
Privation and starvation	1	2	3	3	...	3	4	2	6
Old age.....	2	1	3	..	...	...	2	1	3
Other bodily disease or disorders	3	1	4	...	2	2	3	3	6
Epilepsy .....	...	...	...	2	2	4	2	2	4
Previous attacks	6	7	13	...	...	...	6	7	13
Hereditary influences ascertained (direct or collateral)	11	14	25	...	...	...	11	14	25
Congenital defect ascertained ...	1	2	3	...	...	...	1	2	3
Other ascertained causes ...	...	2	2	...	1	1	...	3	3
Unknown .....	...	...	..	...	...	4	...	...	...

* With reference to the distinction between "predisposing" and "exciting" causes, it must be understood that no single cause is enumerated as both predisposing and exciting in the case of any individual patient.

† The figures in the total column represent the entire number of instances in which the several causes (either alone or in combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over the number of patients admitted is owing to combinations of cause.

TABLE XI.

Showing the form of Mental Disorder on Admission, in the Admissions, Recoveries, and Deaths of the Year 1895, and the form of Mental Disorder on the 31st December, 1895.

FORM OF MENTAL DISEASE.	Admissions.			Recoveries.			Deaths.			Remaining in Asylum 31st December, 1895.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
Congenital or Infantile Mental Deficiency .....	...	...	...	...	...	...	...	...	...	...	...	...
" (A) with Epilepsy...	3	3	6	...	...	...	...	1	1	3	2	5
" (B) without Epilepsy	6	6	12	...	...	...	...	...	...	6	6	12
Epilepsy acquired	18	14	32	...	...	...	3	3	6	15	11	26
General Paralysis of the Insane	10	6	16	...	...	...	1	1	2	9	5	14
Mania—Simple	19	6	25	2	1	3	...	...	...	16	4	20
" Acute.....	2	7	9	...	2	2	...	...	...	2	5	7
" Chronic	21	18	39	...	...	...	...	...	...	21	18	39
" Delusional.....	5	7	12	...	...	...	...	...	...	5	6	11
" Homicidal.....	1	1	2	...	...	...	...	...	...	1	1	2
" Melancholia—Simple ..	19	13	32	4	3	7	...	1	1	15	8	23
" Chronic.....	2	...	2	...	...	...	...	...	...	2	...	2
" Hypochondriacal	4	3	7	2	...	2	...	...	...	2	3	5
" Delusional	6	4	10	...	...	...	...	...	...	6	4	10
" Excited.....	1	1	2	...	...	...	...	...	...	1	1	2
" Suicidal.....	10	5	15	1	...	1	...	...	...	9	5	14
" Resistive	1	..	1	...	...	...	...	...	...	1	...	1
" Dementia—Secondary	41	58	99	...	...	...	...	3	3	41	54	95
TOTALS.....	169	152	321	9	6	15	4	9	13	155	133	288

TABLE XII.

Showing the occupation of those admitted during the
year 1895.

MALES.	FEMALES.
2 Barmen.	1 Farmer.
2 Boiler-makers.	1 Fish Hawker.
1 Blacksmith.	1 Teacher.
1 Carpenter.	4 Wives.
1 Chemist.	1 Wife of Coal-hewer
1 Clerk.	1 „ Fireman.
2 Coal-miners.	1 „ Labourer
1 Excise Officer.	1 „ Seaman.
1 Engineer.	1 „ Traveller
1 Fireman.	12 No occupation.
1 Grocer.	—
1 Joiner.	24
5 Labourers.	—
1 Porter.	
1 Publican.	
1 Plumber.	
2 Rivetters.	
1 Sail-maker.	
4 Seamen.	
1 Shipwright.	
1 Ship Steward.	
1 Tailor.	
1 No occupation.	
—	
34	
—	

TABLE XIII.

Religious Persuasion of those admitted during the year 1895.

(Including those Patients transferred from
other Asylums.)

	Males.	Females.	Total.
Church of England	84	81	165
Methodist	10	10	20
Roman Catholic	26	24	50
Baptist	4	6	10
Independent	1	2	3
Congregationalist	1	3	4
Wesleyan	21	12	33
Presbyterian	9	5	14
Lutheran Church	1	...	1
Atheist	2	...	2
Jew	1	...	1
Quaker ..	1	...	1
Salvation Army.....	1	2	3
Spiritualist.....	...	1	1
Unknown ..	5	8	13
TOTAL.....	167	154	321

TABLE XIV.

Admissions, Discharges, and Deaths each Month.

	ADMISSIONS.			DISCHARGES.			DEATHS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
January .....	...	...	...	...	...	...	..	...	..
February .....	...	...	...	...	...	...	...	...	...
March .....	...	...	...	...	...	...	...	...	...
April .....	...	...	...	...	...	...	...	...	...
May .....	...	2	2	...	...	...	...	...	...
June ...	4	5	9	...	...	...	...	...	...
July	7	3	10	1	...	1	2	1	3
August ..	4	10	14	2	2	4	...	...	...
September	4	1	5	1	...	1	2	1	3
October	6	.	6	2	3	5	...	2	2
November	2	1	3	3	2	5	...	3	3
December	7	2	9	1	3	4	...	2	2
TOTAL.....	34	24	58	10	10	20	4	9	13

TABLE XV.

Showing the Hereditary Predisposition to Insanity in
those admitted during the Year 1895.

(Ascertained in 25 individuals—11 Males and 14 Females.)

DEGREE OF HEREDITY.	Male.	Female.	Total.
1.—Direct—			
(a) Paternal	3	2	5
(b) Maternal .....	...	1	1
2.—Reversional—			
(a) Paternal Grandparents .....	...	1	1
(b) Maternal Grandparents.....	1	...	1
3.—Collateral—			
(a) Brothers or Sisters	3	7	10
(b) Paternal Uncles or Aunts .....	...	...	...
(c) Maternal Uncles or Aunts.....	1	2	3
(d) Paternal Grand Uncles or Aunts...	...	...	...
(e) Maternal Grand Uncles or Aunts...	...	...	...
(f) Cousins	3	...	3
4.—Remote—			
Hereditary Predisposition, but not defined .....	...	1	1
5.—Unknown	23	10	33
Total.....	34	24	58

TABLE XVI.

Table showing the number of Patients, their Admissions, Discharges, and Deaths, with reference to Chargeability during the year.

	ADMITTED.			DISCHARGED.						Transferred to other Asylums.			DIED.			Remaining, 31st Dec., 1895.		
	M.	F.	T.	Recovered.			Relieved.			Not Improved.			M.	F.	T.	M.	F.	T.
Pauper	30	21	51	8	6	14	1	3	4	...	...	...	4	9	13	152	130	282
Out-Borough .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Private	4	3	7	1	...	1	...	...	...	...	...	...	...	...	...	3	3	6
Criminal .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTAL.....	34	24	58	9	6	15	1	3	4	..	...	...	4	9	13	155	133	288

TABLE XVII.

Forms of Insanity in those admitted.—Skae's Classification.

	Males.	Females.	Total.
Congenital Insanity	1	2	3
Epileptic Insanity	2	1	3
Insanity of Adolescence	2	...	2
Senile Insanity ..	2	1	3
Puerperal Insanity .....	...	1	1
Insanity of Masturbation	1	...	1
General Paralysis	7	5	12
Insanity after a Surgical Operation ...	...	1	1
Phthisical Insanity .....	...	1	1
Insanity of Alcoholism.....	9	3	12
Post Febrile Insanity (Influenza)	2	...	2
Unknown	8	9	17
TOTAL.....	34	24	58

TABLE XVIII.

Showing the Number of Previous Attacks among Persons admitted during the year 1895, distinguishing those Attacks that have been treated to Recovery in this and other Asylums, or elsewhere.

NUMBER OF PREVIOUS ATTACKS.	Persons.			ATTACKS.					
				Recovered from in this Asylum.			Recovered from in other Asylums or elsewhere.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Had 1 Previous Attack	4	3	7	...	...	...	4	3	7
„ 2 „ Attacks.....	2	1	3	...	..	...	2	1	3
„ 3 „ „	1	...	1	...	...	...	1	...	1
„ 4 „ „ .....	...	2	2	...	..	...	...	2	2
„ 6 „ „ .....	...	1	1	...	..	...	...	1	1
Total.....	7	7	14	...	...	...	7	7	14

TABLE XIX.

Illustrations of Suicidal Tendency in those Admitted.

	Males.	Females.	Total.
Have Attempted Suicide... ..	7	3	10
Have Meditated Suicide	14	8	22
Total Suicidal	21	11	32
Forms of Insanity in which Suicide was attempted—			
Melancholia	6	3	9
General Paralysis.....	1	...	1
Total	7	3	10
Form of Insanity in which Suicide was meditated—			
Acute Mania.....	1	1	2
Melancholia	12	4	16
General Paralysis.....	1	3	4
Total.....	14	8	22
Nature of the Attempt—			
Drowning	2	1	3
Poisoning	1	..	1
Precipitation	1	...	1
Cut Throat .....	...	1	1
Strangulation	2	...	2
Tried to throw himself under Train	1	...	1
Attempted to jump over Pier ... ..	...	1	1

TABLE XX.

Giving data concerning Patients on December 31st, 1895.

	Males.	Females.	Total.
Epileptic.....	18	12	30
General Paralytic.....	9	6	15
Actively Suicidal	3	3	6
Number of Patients over 70	1	14	15
Under continuous supervision at night	71	71	142
Employed usefully	117	105	222
Bedridden	4	6	10
*Number of Day Staff	15	15	30
Number of Night Staff	4	4	8

* Excluding Matron, Head Attendant, Artisan Attendants, and Maids,

Report of Commissioners in Lunacy.

SUNDERLAND BOROUGH ASYLUM,

NOVEMBER 22ND, 1895.

We have been fully occupied this day in going over the whole of this Asylum, which has been opened for the reception of patients exactly six months. The building, which has been erected from plans drawn by Mr. Hine, is well arranged and capable of enlargement, but in this early stage it would not be correct to call too serious attention to defects which will in time doubtless be rectified. We saw, in company with Dr. Elkins and the Engineer, the subways in the basement where the Asylum is warmed by air driven by fans worked by electric motors over coils of steam pipes into all the rooms occupied by patients, but this system requires to be better regulated, to-day nearly all the rooms were too hot. The Asylum is lighted by electricity throughout, wards, workshops, passages, &c., and also it is used to drive the laundry machinery and the various fans. Tell-tale electric pushes have been set up in various wards and telephonic communication established, but we think the telephonic communication should be extended to the Medical Officer's and Matron's bedrooms, so that they might readily be called at night. There is no fire alarm, and no means of calling attention to an outbreak of fire in the night. A bell for the purpose of summoning the patients to their meals, and to give an alarm in case of need, would be very useful. One of the most serious defects which have been pointed out to us, is the fact that water finds its way into the basements and subways. The health of the patients has not been altogether satisfactory, and it was not to have been expected that Erysipelas would have occurred in a new Asylum, but Dr. Elkins tells us that 4 cases developed that disease between June 26th and August 6th, and he at that time attributed the malady to the insanitary state in which the subways were left

by the contractor's labourers. These were thoroughly cleansed and disinfected, and it was hoped the mischief had ceased ; but the disease has reappeared, and we saw to-day, in the Isolation Hospital, a patient who is convalescing. Quite close to the Asylum is an old barn, farm yard, &c., and it appears to us very likely that the true source of danger may arise from the condition of the land around these buildings. We hope that this place will be pulled down, the cattle, horses, &c., removed, and the place properly drained. We hear it is proposed to build some nine artisans' cottages near the present lodge gates. It would in all probability be found that the farm-yard drained towards the site of the cottages, and when the plans for these cottages come before the Board, we hope the importance of removing these old buildings will be considered. The hall at which nearly all the patients, except the bed-ridden, assemble for meals, is at present quite adequate to the number of patients, and there is a stage at one end ; but here we find a grave defect that the way to the ladies' green-room is through the gentlemen's dressing-room. Fire buckets and hand pumps should be kept in readiness in the hall, and we think the fire buckets throughout the building should be kept in the wards and not in the corridors. We saw the Chapel, which requires some additional furniture, but above all, a Chaplain. No one has been appointed yet ; a Clergyman has done duty since October, but up to that time Dr. Elkins had to read prayers and preach a sermon on Sundays, in addition to his heavy labours in organizing a New Asylum, with an inexperienced staff, and all new patients, on week days. There is no service for the Roman Catholic patients, and at present no room for the celebration of Mass has been assigned. The rooms for the Staff are comfortable, of sufficient size, and properly furnished. The Attendants have a mess-room and sitting-room combined, on each side, and three nights in the week the Male Attendants have the use of the Officers' billiard table. There is at present, however, both for patients and attendants, an inadequate supply of amusing books, but we hope that year after year this state of things will be improved, and that an Annual Grant will be made for the purchase of books. The wards were very clean and well

furnished, but pictures and flowering plants will, no doubt, soon brighten the rooms. A greenhouse would be found very useful. At present one of the workshops is used to preserve a few plants from the frost. The workshops seemed convenient, but the joiners' shop will have to be more carefully overlooked. There was a large fire, heaps of shavings in close proximity, and the one fire-bucket had been taken by some workmen to use at their work. Smoking also was not prohibited. There is still much to be done in rendering the airing courts, gardens, and not yards, and some sunshades in them would be very desirable. The Medical Superintendent is fully alive to the great advantage of extended exercise as a curative agent, and he has made a walk round the estate, which is daily used, though it is not a very smooth road at present. We think, for the men working on the land, some ante-room where they could change their boots and wash their hands, is necessary. They bring in a considerable quantity of dirt under the existing arrangements. A shed for hair-picking will be found useful. No Upholsterer has yet been appointed. It is true that the beds and bedding are now in excellent order, but the appointment of such an artisan should not be delayed, or he will never be able to overtake his work if it be allowed to accumulate. The baths in the rooms, other than the general bath rooms, are too high and are very inconvenient for the washing of feeble aged persons. The Head Attendants in each division are present at the general bathing. All the patients have a night dress, and the women have a bag (placed on the pillow) in which the dress is put. The bedding is remarkably good. The w.c.'s are sufficient in number, and well looked after. We should have been better pleased if the w.c.'s for the men had lift-up seats, so that the urinals might have been done away with. On the female side we think that there ought to be bells to every outside door, so that no artisan could enter a female ward unknown to a nurse. We were much struck with the tranquil state of the patients, a fact which we largely attribute to their being plenty of "elbow-room," so that they did not interfere with each other. The same remark may be made as to the dining hall, where the patients were seated comfortably on chairs, and not crowded together on

forms. The fish dinner we saw was the best of its kind we have seen, and was generally popular. Lemonade is the beverage supplied at that meal. No complaints worthy of notice were made to us ; though a few who had lived for years at Sedgefield expressed their regret at leaving, the general expression is one of contentment. The total number of patients who have been admitted since the Asylum has been opened, and the changes which have taken place, are as follows :—

	M.		F.		TOTAL.
Admitted	161	...	150	...	311
Discharged	7	...	7	...	14
,, of whom recovered	7	...	4	...	11
Died	4	...	6	...	10

There are now in residence 286 patients, 149 men and 137 women, 2 of the latter being private patients. There is estimated accommodation for 26 more men and 38 more women. There has been no Coroner's Inquest, but Autopsy verified the assigned cause of death in every instance. This is very creditable to Dr. Elkins, and his Assistant, Dr. Moon. Nothing in the causes of death calls for notice except that in 6 out of the 10 cases the death was due to Pneumonia, combined with Epilepsy or General Paralysis. The Epileptics number 31, the General Paralytics 11, and the actively Suicidal 5. The night watching of the sick Epileptic and Suicidal require, of necessity, the services of four Night Attendants in each division, three being stationary and one peripatetic. Only three wet beds were reported last night, and we are told that the term "wet bed" means ever so slight a wetting, not a wet mattress. There seems to be an elaborate and comprehensive plan for recording all the movements of the patients under continuous supervision at night. About 200 patients attend Chapel, and also the associated entertainments. All but 31 of the men and 34 of the women are usefully employed ; 63 men work on the land and 27 women in the kitchen and laundry ; 34 men and 44 women are ward cleaners ; the rest are with the artisans, or knit and sew. Neither seclusion or restraint has been employed. The staff of attendants seem numerically sufficient, and no charge of harsh usage was brought to our notice. Ex-

cluding the Head Attendants, the total number is 38, and only 3 have been obliged to leave for misconduct—not an undue proportion when it is considered that the majority were untrained in any Asylum. Classes are being held here to instruct the Attendants so that they may obtain the certificate of the Medico Psychological Association for proficiency in mental nursing.

W. E. FRERE,	} Commissioners in Lunacy.
REGINALD SOUTHEY,	

REPORT OF A VISIT BY A COMMITTEE OF THE
GUARDIANS.

The Committee of the Guardians of the Sunderland Union visited the Asylum this afternoon, and were most cordially received by Dr. Elkins, and were satisfied with the general condition of the patients.

F. E. MARSH,
THOS. ARMSTRONG,
ROBERT STOBO,
JOHN CONNOLLY,
WM. H. JOHNSON,
G. H. R. GARCIA,
E. L. PROWDE, M.D.,
S. S. HODGSON.

September 25, 1895.

Patients' and Officials' Ordinary Dietary.

The Extra Diet for Sick and Debilitated, given on Medical order, is not included.

Patients' Breakfast.—8.15 a.m.

MALES.

	Bread.	Butter or Margarine.	Coffee.	Tea.
	oz.	oz.	pt.	pt.
Sunday	8	$\frac{1}{2}$	1	...
Monday.....	8	$\frac{1}{2}$	...	1
Tuesday.....	8	$\frac{1}{2}$	1	...
Wednesday ...	8	$\frac{1}{2}$	...	1
Thursday	8	$\frac{1}{2}$	1	...
Friday	8	$\frac{1}{2}$	...	1
Saturday	8	$\frac{1}{2}$	1	...
Total	56	$3\frac{1}{2}$	4	3

FEMALES.

Sunday	6	$\frac{1}{2}$	1	...
Monday.....	6	$\frac{1}{2}$	...	1
Tuesday.....	6	$\frac{1}{2}$	1	...
Wednesday ..	6	$\frac{1}{2}$	...	1
Thursday	6	$\frac{1}{2}$	1	..
Friday	6	$\frac{1}{2}$	...	1
Saturday	6	$\frac{1}{2}$	1	...
Total	42	$3\frac{1}{2}$	4	3

Cocoa to be occasionally given in place of tea or coffee.

	TEA.	COCOA.	COFFEE.
	1 lb. Tea.	3 lbs. Cocoa	$\frac{3}{4}$ lb. Coffee
For 100 patients..	$3\frac{1}{4}$ lbs. Sugar	$3\frac{1}{4}$ lbs. Sugar	1 lb. Chicory
	2 galls. Milk	2 galls. Milk	$3\frac{1}{4}$ lbs. Sugar
			2 galls. Milk

To be at the option of the Medical Superintendent to substitute $1\frac{1}{2}$ oz. syrup, marmalade, or jam, not oftener than once a week, for butter. Instead of the ordinary bread, whole meal bread or rolls (white or brown) may be sometimes substituted.

Patients' Dinner.—1 p.m.

M A L E S .

	Cooked Meat free from Bone.	Uncooked Meat free from Bone.	Fish.	Pie Crust.	Stew.	Vegetables.		Bread.	Lemonade.
						Potatoes.	Other Vegetables.		
	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	pt.
Sunday.....	5	—	—	—	—	6	8	3	$\frac{1}{2}$
Monday	5	—	—	—	—	6	8	3	$\frac{1}{2}$
Tuesday	5	—	—	—	—	6	8	3	$\frac{1}{2}$
Wednesday	—	4	—	4	—	6	8	—	$\frac{1}{2}$
Thursday	5	—	—	—	—	6	8	3	$\frac{1}{2}$
Friday	—	—	12	—	—	6	8	3	$\frac{1}{2}$
Saturday	—	3	—	—	16	—	—	4	$\frac{1}{2}$
Total	20	7	12	4	16	36	48	19	$3\frac{1}{2}$

F E M A L E S .

	oz.	oz.	oz.	oz.	oz.	oz.	oz.	oz.	pt.
Sunday.....	4	—	—	—	—	5	8	3	$\frac{1}{2}$
Monday	4	—	—	—	—	5	8	3	$\frac{1}{2}$
Tuesday	4	—	—	—	—	5	8	3	$\frac{1}{2}$
Wednesday	—	4	—	4	—	5	8	—	$\frac{1}{2}$
Thursday	4	—	—	—	—	5	8	3	$\frac{1}{2}$
Friday	—	—	10	—	—	5	8	3	$\frac{1}{2}$
Saturday	—	3	—	—	16	—	—	3	$\frac{1}{2}$
Total	16	7	10	4	16	30	48	18	$3\frac{1}{2}$

DINNER.

SUNDAY.—Roast Pork, Beef, or Mutton.

MONDAY.—Corned Beef (compressed), with Salad Dressing, or Pickles ($1\frac{1}{2}$ oz. each patient).

TUESDAY.—Roast Pork, Beef, or Mutton, or Boiled Meat and Soup.

WEDNESDAY.—Meat Pies (either fresh Meat or Australian Tinned Mutton).

THURSDAY.—Boiled Beef and Pickled Pork or Bacon ; or Tripe.

FRIDAY.—Fish, fried or boiled, with Melted Butter.

SATURDAY.—Irish Stew (made with either fresh Meat or Australian Tinned Mutton).

The daily rotation of dinner may be varied at the discretion of the Medical Superintendent.

Irish Stew (liquor of the meat cooked on a previous day), thickened with 1 ounce dry vegetables, 6 ounces potatoes, and 4 ounces green vegetables, with 3 ounces uncooked meat, for each patient.

On Tuesdays when there is Boiled Meat and Soup, 4 ounces of meat is served, and the Soup contains for every 100 patients, liquor of meat boiled same day, with 6 lbs. barley, 3 lbs. peas, 3 lbs. rice, and 16 lbs. cabbage.

Every fourth Monday Puddings (such as Currant Dumpling, Rolly-poly, or Rice Pudding) with Soup, will take the place of Compressed Corned Beef.

The Lemonade for every 100 patients contains, 3 lbs. Granulated Sugar, 6 ounces Cream of Tartar, and 8 ounces of Lemon Juice.

When all potatoes are issued for dinner the quantity is 10 ounces for the males and 9 ounces for the females ; or other vegetables 12 ounces each.

Fruit Pies (with 3 ounces of bread and 1 ounce of cheese) are supplied for dinner occasionally during the season.

Patients' Supper—6.15 p.m.

MALES.				FEMALES.			
	Bread.	Butter or Margarine.	Tea.		Bread.	Butter or Margarine.	Tea.
	oz.	oz.	pt.		oz.	oz.	pt.
Sunday	8	$\frac{1}{2}$	1	Sunday	6	$\frac{1}{2}$	1
Monday	8	$\frac{1}{2}$	1	Monday	6	$\frac{1}{2}$	1
Tuesday	8	$\frac{1}{2}$	1	Tuesday	6	$\frac{1}{2}$	1
Wednesday ...	8	$\frac{1}{2}$	1	Wednesday ...	6	$\frac{1}{2}$	1
Thursday	8	$\frac{1}{2}$	1	Thursday	6	$\frac{1}{2}$	1
Friday	8	$\frac{1}{2}$	1	Friday	6	$\frac{1}{2}$	1
Saturday	8	$\frac{1}{2}$	1	Saturday	6	$\frac{1}{2}$	1
Total.....	56	$3\frac{1}{2}$	7	Total.....	42	$3\frac{1}{2}$	7

Cocoa to be given occasionally in place of Tea.

To be at the option of the Medical Superintendent to substitute $1\frac{1}{2}$ ozs. Syrup, Marmalade, or Jam, not oftener than once a week, for the Butter.

Instead of the ordinary bread, Whole-meal Bread or Rolls (white or brown) may be sometimes substituted.

Cake (made with flour, dripping, sugar, and seeds or currants) may be given once or twice a quarter instead of the bread and butter.

Extras for Working Patients.

Bread and Cheese, Milk, Butter, Tea, and Sugar to be given at the Medical Superintendent's discretion.

Weekly Dietary for the Officials.

CLASS.	Bread.	Uncooked Meat.	Potatoes and other Vegetables	Bacon.	Butter.	Cheese.	Fresh Fish.	Dried Fish.	Tea.	Coffee.	Sugar.	Milk.	Jam.	Puddings.
Attendants and other Male Officials	7 lbs.	7 lbs.	7 lbs.	1 lbs.	$\frac{1}{2}$ lbs.	1 lbs.	$\frac{1}{2}$ or $\frac{1}{4}$ lbs.	$\frac{1}{2}$ lbs.	2 oz.	4 oz.	1 lbs.	$3\frac{1}{2}$ pt.	$\frac{1}{2}$ lbs.	Once.
Nurses and other Female Officials	7	5	7	$\frac{3}{4}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$ or $\frac{1}{4}$	$\frac{1}{2}$	3	3	1	$3\frac{1}{2}$	$\frac{1}{2}$	3 days.

Salaries and Wages Sheet.

OFFICERS.

	£	s.	d.	
¹ Medical Superintendent	350	0	0	per annum.
Assistant Medical Officer.....	100	0	0	„
Chaplain				
² Treasurer	10	0	0	„
³ Clerk and Storekeeper	150	0	0	„
Matron	60	0	0	„
Head Attendant	50	0	0	„

MALE ATTENDANTS AND OTHER MALE OFFICIALS.

	£	s.	d.	
1 Chief Charge Attendant	39	0	0	per annum.
1 Chief Night Attendant	39	0	0	„
3 Charge Attendants	37	0	0	„
1 Second Attendant	32	0	0	„
3 Attendants	30	0	0	„
4 Attendants	29	0	0	„
5 Attendants	28	0	0	„
1 Assistant to Clerk and Store- keeper	30	0	0	„
1 Hall Porter	29	0	0	„
1 Mess Room Man	30	0	0	„
⁴ 1 Engineer.....	2	0	0	per week.
1 Engine Man	1	9	0	„
2 Stokers	1	8	0	„
1 Plumber	1	14	0	„
1 Joiner Attendant	1	15	0	„
1 Painter Attendant	1	15	0	„
⁵ 1 Baker Attendant	1	10	0	„
1 Shoemaker Attendant	1	10	0	„
1 Tailor Attendant	1	10	0	„
⁶ 1 Gardener and Lodgekeeper	1	3	0	„
⁷ 1 Farm Man	1	2	0	„
1 Farm Man	0	18	0	„

SALARIES AND WAGES SHEET.—Continued.

NURSES AND OTHER FEMALE OFFICIALS.

	£	s.	d.	
1 Chief Charge Nurse	26	0	0	per annum.
1 Charge Nurse in Male Infirmary	29	0	0	„
1 Chief Night Nurse	24	0	0	„
4 Charge Nurses	24	0	0	„
11 Nurses	18	0	0	„
1 Cook	24	0	0	„
1 Cook	19	0	0	„
1 Laundress	24	0	0	„
1 Laundry Maid	18	0	0	„
2 House Maids	18	0	0	„
1 Hall Maid	18	0	0	„
1 Kitchen Maid	18	0	0	„

¹ With furnished house, board, coal, washing, light, and attendance.

² Neither boarded nor lodged.

³ Dinner only.

⁴ With unfurnished house and coal.

⁵ Lives in Isolation Hospital, wife being caretaker there. (Temporary arrangement.)

⁶ With unfurnished house, light, and vegetables.

⁷ With unfurnished house.

Those without a mark are boarded and lodged.

All attendants, nurses, and in-door officials have uniform.

LAND, BUILDING, AND FURNISHING CAPITAL ACCOUNT.

	Payments made to 31st March, 1896.			Estimated Approximate Cost.		
Land	£9,000	0	0	.....	£9,000	0 0
Foundations, as per Contract.....	8,873	0	0	.....	8,873	0 0
Superstructure, do.	57,500	0	0	.....	61,240	0 0
Electric Lighting Contract and Extras	3,700	0	0	.....	4,180	0 0
Heating and Ventilating do.	3,010	0	0	.....	4,194	0 0
Bells and Telephones	329	0	0	.....	386	0 0
Architect and Clerk of Works.....	4,216	0	0	.....	4,730	0 0
Quantity Surveyor .....				.....	475	0 0
Labour, Cartage and Material, Building Retaining Walls, Coal Sheds, and Drainage, and Laying out Land, &c.	1,769	0	0	.....	1,769	0 0
Cementing Airing Courts.....	145	0	0	.....	350	0 0
Preliminary Expenses, Printing and Advertising, Prize Plans, Assessors' Fees, Expenses of Local Government Board Inquiry, Stamps on Conveyances, Counsels' Fees, &c....	947	0	0	.....	947	0 0
Salaries of Medical Superintendent and Officers, including Provisions and Board and Lodgings prior to opening of Asylum	401	0	0	.....	401	0 0
	89,890	0	0		96,545	0 0
Furnishing	8,255	0	0	.....	9,009	0 0
Farm Account, Buildings and Implements	490	0	0	.....	490	0 0
	£98,635	0	0		£106,044	0 0
Balances to pay as far as can be ascertained	7,409	0	0	.....	
	£106,044	0	0		£106,044	0 0

ADDITIONAL WORKS SANCTIONED BY THE COUNCIL.

	£	s.	d.
Hothouse, Greenhouse, &c.	250	0	0
Farmhouse, Stables, Piggeries, and Poultryhouses.....	1,000	0	0
Eight Cottages	2,150	0	0
Lodge	400	0	0
Road and Drainage	200	0	0
	£4,010	0	0

Sunderland, 6th May, 1896.

Statement of Income and Expenditure

INCOME.

	Receipts.			Owing, but not received.			Totals.		
	£	s.	d.	£	s.	d.	£	s.	d.
By Cash—Sale of Uniform.....	0	15	0				0	15	0
„ „ Guardians of Sunderland Union for Quarter end- ing 30th June, at 11s..	484	9	4				484	9	4
„ „ For Quarter ending 30th Sept., at 11s.	2042	4	4				2042	4	4
„ „ For Quarter ending 31st Dec., at 12s.	2266	16	5				2266	16	5
„ „ Private Patients	111	8	8				111	8	8
„ „ Removal Expenses	5	10	0				5	10	0
„ Guardians of Sunderland Union for Maintenance to 31st March, 1896, at 12s. . . .				2260	11	11	2260	11	11
„ Visiting Committee of Newcastle- on-Tyne City Asylum for Maintenance to 31st March, 1896				70	10	0	70	10	0
„ Borough Fund—Building and Repairs				234	8	4	234	8	4
	£4911	3	9	2565	10	3			
							£7476	14	0

Examined and found correct,

HENRY RAWLINGS, F.C.A., Elective and Special Auditor
appointed by the Asylum Visiting Committee
of the County Borough of Sunderland.

R. A. BROWN, F.C.A., Elective Auditor.

J. E. WALKER, Mayor's Auditor.

from 21st May, 1895, to 31st March, 1896.

EXPENDITURE.

	Payments.			Accrued, but not paid.			Totals.		
	£	s.	d.	£	s.	d.	£	s.	d.
To Salaries and Wages	1587	17	4				1587	17	4
„ Provisions	1472	7	7	648	11	4	2120	18	11
„ Malt Liquor, Wines, and Spirits	3	17	0				3	17	0
„ Farm and Garden Expenses.....	181	5	7	70	8	8	251	14	3
„ Clothing	670	15	2	169	2	1	839	17	3
„ Necessaries (including Fuel, Lighting, and Washing)...	928	13	7	422	17	1	1351	10	8
„ Surgery and Dispensary	45	7	5	32	1	11	77	9	4
„ Furniture and Bedding	56	14	7	32	6	7	89	1	2
„ Funeral Expenses.....	13	7	6	4	2	6	17	10	0
„ Miscellaneous.....	242	8	3	64	8	7	306	16	10
„ Rates and Taxes	474	16	8	43	16	0	518	12	8
„ Building and Repairs	234	8	4	23	18	2	258	6	6
	<hr/>			<hr/>			<hr/>		
	£5911	19	0	1511	12	11	7423	11	11
To Balance to Credit							53	2	1
							<hr/>		
							£7476	14	0

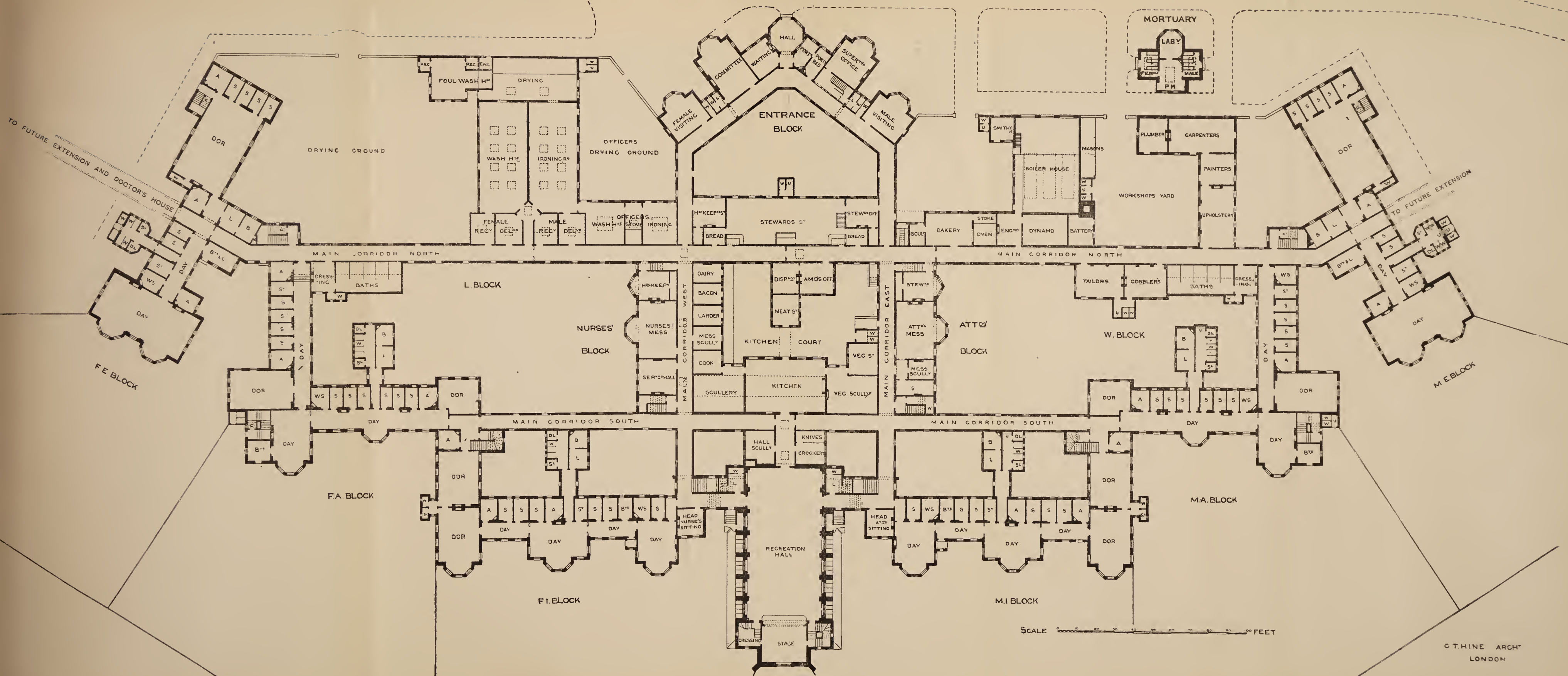
Sunderland, 11th May, 1896.

JOHN H. BROWN, Borough Accountant.

E. W. WILSON, Treasurer of the Asylum Visiting Committee
of the County Borough of Sunderland,

A. J. HALL, Clerk of Asylum,

GROUND PLAN OF SUNDERLAND BOROUGH ASYLUM, RYHOPE.



G.T.HINE ARCHT
LONDON

